

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

0013/0019

PRINTED: 03/25/2011
FORM APPROVED
OMB NO. 0938-0391

45th 5/08/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445148	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 03/22/2011
NAME OF PROVIDER OR SUPPLIER DONELSON PLACE CARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2733 MCCAMPBELL ROAD NASHVILLE, TN 37214		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 018 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the corridor doors.</p> <p>The findings include:</p> <p>Observation of the kitchen dry storage room, the staff break room, the short hall B wing ice room and the B wing soiled utility room revealed the doors were being held open with pegs. National Fire Protection Association (NFPA) 101, 7.2.1.8.</p> <p>These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 3/22/11.</p>	K 018	<p>The facility will maintain corridor doors, making sure there are no impediments to the closing of doors.</p> <p>Corrective actions for areas affected: Impediments to the closing of the staff break room, the short hall B wing ice room and B wing soiled utility room doors were removed by Maintenance personnel on March 22, 2011.</p> <p>Other areas having the potential to be affected and corrective action: A facility wide assessment of all doors was conducted by Maintenance personnel on 3/22/2011, no other doors were identified.</p> <p>Measures to ensure practice does not recur: Maintenance Director will monitor all doors for compliance of this regulation through monthly fire drills and quarterly audits. In-service will be provided by Administrator to all staff regarding not propping doors on April 8, 2011.</p> <p>Corrective action will be monitored by: Maintenance Director will perform monthly inspections throughout facility to ensure compliance with this regulation. Findings will be logged on QA inspection log and will be reviewed</p>	4/8/11	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Kenny B. [Signature]

TITLE

Administrator

(X6) DATE

4/8/11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 029 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the hazardous areas.</p> <p>The findings include:</p> <p>Observation of the laundry on 3/22/11 at 10:00 AM, revealed the door was being held open with a peg. National Fire Protection Association (NFPA) 101, 19.3.2.1</p> <p>This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 3/22/11.</p>	K 029	<p>in monthly QA/PI meetings by Administrator. The facility will maintain the hazardous areas as required.</p> <p>Corrective action for areas affected: On March 22, 2011, peg was removed by Maintenance personnel from holding door open.</p> <p>Other areas that have the potential to be affected and corrective actions: 100% inspection of all doors protecting hazardous areas was conducted by Maintenance Director on March 22, 2011. In-service will be provided by Administrator to all staff regarding not propping doors on April 8, 2011.</p> <p>Measures to ensure practice does not recur: Maintenance personnel will monitor all protecting hazardous areas through monthly environmental rounds.</p> <p>Corrective action will be monitored by:</p>	4/8/11	
K 038 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p>	K 038	<p>Maintenance Director will perform monthly inspections throughout facility to ensure compliance with this regulation. Findings will be logged on QA inspection log and will be reviewed in monthly QA/PI meeting by Administrator.</p>		

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K 038	Continued From page 2 This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the exits. The findings include: Observation of the kitchen on 3/22/11 at 9:55 AM, revealed double locks were installed on the 3 exit doors. National Fire Protection Association (NFPA) 101, 7.2.1.5.4 This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 3/22/11. NFPA 101 LIFE SAFETY CODE STANDARD	K 038	The facility will maintain exits as required. Corrective action of areas affected: On March 22, 2011, all deadbolt locks to kitchen doors were made inoperable by the Maintenance Director. Other areas that have the potential to be affected and corrective action: 100% inspection of all exit doors was conducted by Maintenance Director on March 22, 2011. In-service will be provided by Administrator and Maintenance Director to all staff on April 8, 2011. Measures to ensure practice does not recur: Maintenance personnel will monitor all exit doors for compliance of this regulation through monthly environmental rounds. Corrective action will be monitored by: Maintenance Director will perform monthly inspections throughout facility to ensure compliance with this regulation. Findings will be logged on QA inspection log and will be reviewed in monthly QA/PI meeting by Administrator.	4/9/11	
K 050 SS=D	Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed the fire drill. The findings include: Observation during the fire drill on 3/22/11 at 10:25 AM, revealed the staff did not announce code red, the location of the fire, close the room	K 050	K050 The facility will continue to provide training and practice opportunities to all staff in proper response for fire drills. Corrective response for areas affected: New associate who was trained but failed to appropriately respond to fire drill was re-educated by Maintenance personnel on proper response on March 22, 2011. Other areas that have the potential to be affected corrective action: A fire drill was conducted on March 30, 2011, by Administrator and Maintenance Director during first shift to test and re-educate all associates, including new orientees, on proper policy, announcing of code red, specifying of location, closing of room doors and activating of fire alarm system. In addition, all staff meetings conducted by Administrator and Maintenance Director will be held on April 8, 2011, to review fire drill policy and procedures. Measures to ensure practice does not recur:	4/8/11	

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K 050	Continued From page 3 door and failed to activate the fire alarm system. National Fire Protection Association (NFPA) 101, 19.2.3 This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 3/22/11.	K 050	Maintenance personnel will conduct monthly fire drills to ensure compliance with this regulation. Corrective action will be monitored by: Maintenance Director will review employee responsiveness during monthly fire drills to ensure compliance with this regulation. Any identified findings will be reported and reviewed at monthly QA/PI meetings by Administrator.	4/3/11	
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the sprinkler system. The findings include: Observation of the short hall storage room on 3/22/11 at 10:20 AM, revealed boxes stored within 18 inches of the sprinkler. National Fire Protection Association (NFPA) 13, 5.5.6 This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 3/22/11.	K 062	The facility will maintain the sprinkler system. Corrective response for areas affected: Identified boxes stored within 18 inches of the sprinkler system were removed March 22, 2011 by Maintenance personnel. Other areas that have the potential to be affected and corrective action: 100% inspection of entire facility was conducted for adherence to this regulation on March 22, 2011, by Maintenance personnel. No other areas were identified as needing corrective action. In addition, all staff meetings conducted by Administrator and Maintenance Director will be held on April 8, 2011, to review fire drill policy and procedures. Measures to ensure practice does not recur: Maintenance personnel will perform monthly inspections throughout the facility to ensure compliance with this regulation. Corrective action will be monitored by: Maintenance Director will perform monthly inspections throughout facility to ensure compliance with regulation. Findings will be logged and reviewed at monthly QA/PI meeting by Administrator.		
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10	K 064			

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K 064	Continued From page 4 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the fire extinguishers. The findings include: Observation of the front lobby on 3/22/11 at 9:50 AM, revealed the fire extinguisher was blocked with equipment. National Fire Protection Association (NFPA) 10, 1.6.1/3 This findings was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 3/22/11. NFPA 101 LIFE SAFETY CODE STANDARD	K 064	The facility will maintain the fire extinguishers. Corrective action for areas affected: Equipment was immediately removed by Maintenance Director from blocking fire extinguishers on March 22, 2011. Other areas having the potential to be affected and corrective actions: 100% inspection of all areas in from of fire extinguishers was conducted on March 22, 2011, revealing no other blocked fire extinguishers. Measures to ensure practice does not recur:	4/8/11	
K 067 SS=D	Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the heating, ventilating and air conditioning. The findings include: Observation of the short hall soiled utility room on 3/22/11 at 10:15 AM, revealed the exhaust fan did not work. National Fire protection Association (NFPA) 101, 19.5.2.1	K 067	An in-service will be conducted by the Administrator, for all staff on April 8, 2011, reviewing the importance of not blocking access to fire extinguishers and other fire safety issues. The corrective action will be monitored by: Maintenance Director will perform monthly inspections throughout the facility to ensure compliance with this regulation. Findings will be logged on QA inspection log and will be reviewed in monthly QA/PI meeting by Administrator. K067 The facility will maintain the heating, ventilating and air conditioning.	4/8/11	

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K 067	Continued From page 5	K 067	Corrective action for the areas affected: Short hall soiled utility room exhaust fan was repaired on March 23, 2011, by Maintenance personnel.		
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to comply with the electrical codes. The findings include: (1) Observation of the kitchen dry storage room, the short hall B wing ice room, B wing soiled utility room, and A wing nurses station, revealed broken light covers. National Fire Protection Association (NFPA 70, 110-12 (2) Observation of the washer laundry room on 3/22/11 at 10:05 AM, revealed a multiple plug adapter being used. National Fire Protection Association (NFPA) 70, 240-4 These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 3/22/11.	K 147	Other areas having the potential to be affected and corrective actions: 100% inspection of all exhaust fans throughout the facility was conducted by Maintenance personnel on March 22-24, 2011. No other exhaust fans were identified as needing repair. Measures to ensure practice does not recur: Maintenance personnel will inspect all exhaust fans monthly to ensure compliance with this regulation. The corrective action will be monitored by: Maintenance Director will perform monthly inspections throughout the facility to ensure compliance with this regulation. Findings will be logged on QA inspection log and will be reviewed in monthly QA/PI meeting by Administrator. K147 The facility will comply with all electrical codes. Corrective action for areas affected: (1) Broken light covers were replaced on March 22, 2011 by Maintenance personnel. (2) Multiple plug adapter was removed from use on March 22, 2011 by Maintenance personnel. Other areas having the potential to be affected: 100% audit and inspection of light covers and use of multiple plug adapters was conducted by Maintenance personnel, throughout facility on March 22, 2011, revealing no other findings. Measures to ensure practice does not recur: Maintenance personnel will inspect for compliance of regulation through weekly rounds and monthly inspections. Corrective action will be monitored by: Maintenance Director will perform monthly inspections to ensure compliance with this regulation. Findings will be logged and reviewed at monthly QA/PI meeting by Administrator.	4/8/11	